

Waterloo Wellington Hospitals
General Radiography (X-RAY)/Gastric/Minor
Fluoroscopic Procedures Requisition
Fax completed requisition to ONE Hospital:

OFFICE USE ONLY

Exam Date: _____

Arrival Time: _____

Exam Time: _____

☐ Cambridge Memorial Hospital:(CMH) **519-740-4904**
☐ Groves Memorial Community Hospital:(GMCH) **519-843-7637**
☐ Guelph General Hospital: (GGH) **519-766-9982**
☐ Louise Marshall Hospital: (LMH) **519-943-0980**
☐ Palmerston District Hospital: (PDH) **519-343-3821**

☐ Waterloo Regional Health Network
@ Midtown: (WRHN-M) **519-749-4296**
@ Queen's Boulevard: (WRHN-QB) **519-749-6513**

Patient Information

Other Reqs Associated to Patient? ☐ Y ☐ N

Last Name, First Name: _____

DOB: DD/MM/YYYY ☐ Male ☐ Female ☐ Unknown

Street Address: _____

City/Town: _____

Province: _____ Postal Code: _____

Contact Number: _____ Email: _____

Home: _____ ☐ Y ☐ N Patient consents to leave message

Other: _____ ☐ Y ☐ N Patient consents to leave message

Preferred Language: ☐ English ☐ Other: _____

☐ Y ☐ N An interpreter is required to consent to the procedure. CMH, GGH, WRHN have interpretation services available.

Health Card #: _____ VC: _____

WSIB? ☐ Y ☐ N Injury Date: DD/MM/YYYY

Please include Claim #: _____

Other Insurance? Third Party or Self Pay

Specify: _____

Required Patient Information:

Height: _____ (cm) Weight: _____ (kg)

☐ Restricted Mobility

☐ Outpatient

☐ Pediatric Under 10 yrs

☐ In-Patient Rm/Loc

Specify Exam Requested and Area(s) to be examined:

Urgency

☐ Urgent

☐ Semi-Urgent

☐ Routine

Clinical History/Indication (reason for exam):

Previous Relevant Imaging (please specify):

Known Medical Allergies

Is Patient Pregnant? ☐ Y ☐ N

EXAM INFORMATION: PHYSICIAN TO COMPLETE **INCOMPLETE REQUISITIONS WILL BE RETURNED**

Ordering Physician Name (Please print): _____

Signature _____

Date _____

Contact #: _____

Fax#: _____

Copy to (Please print)

Please indicate location of Imaging examination for Patient:

Cambridge Memorial Hospital

700 Coronation Blvd.
Cambridge ON N1R 3G2

Telephone: 519-621-2333 x2230
Fax: 519-740-4904
www.cmh.org

- All patients are to register in the Diagnostic Imaging Department, located on the **1st** Floor of the hospital's **A Wing**, at the indicated arrival time.

Groves Memorial Community Hospital

235 Union St.
Fergus ON N1M 1W3

Telephone: 519-843-2010 x47013
Fax: 519-843-7637
www.gmch.ca

- All patients are to register in the hospital's Central Registration, located on the Ground Floor, at the indicated arrival time.

Guelph General Hospital

115 Delhi St.
Guelph ON N1E 4J4

Telephone: 519-837-6413
Fax: 519-766-9982
www.gghorg.ca

- All patients are to register in the hospital's Diagnostic Imaging Department, located on the **3rd** Floor, at the indicated arrival time.

Louise Marshall Hospital

630 Dublin St.
Mt. Forest ON N0G 2L3

Telephone: 519-323-3333 x74701
Fax: 519-943-0980
www.nwhealthcare.ca

- All patients are to register in the hospital's main registration located on **Ground Floor**, at the indicated arrival time.

Palmerston and District Hospital

500 Whites Rd.
Palmerston ON N0G 2P0

Telephone: 519-343-2030 x84401
Fax: 519-343-3821
www.nwhealthcare.ca

- All patients are to register in the hospital's main registration located on **Ground Floor**, at the indicated arrival time.

Waterloo Regional Health Network @ Midtown

835 King St. W
Kitchener ON N2G 1G3

Telephone: 519-749-4262
Fax: 519-749-4296
www.wrhn.ca

- All patients are to register in the hospital's Department of Medical Imaging on the **2nd** Floor of the hospital's **D Wing**. All patients are asked to register in the department at their arrival time.

Waterloo Regional Health Network @ Queen's Boulevard

911 Queen's Blvd
Kitchener ON N2M 1B2

Telephone: 519-749-6990
Fax: 519-749-6989
www.wrhn.ca

- All patients are to register in the hospital's Diagnostic Imaging Department, located on the **1st** Floor, at the indicated arrival time.

Exam Preparation

All Sites

Upper GI Series/Swallow/Small Bowel: Nothing to eat or drink from 10pm the night before the examination.

Cambridge Memorial Hospital

Barium Enema: Prior to exam obtain one (1) bottle (10oz) of Citromag and three (3) Dulcolax tablets from the pharmacy.
Two days before examination: Take clear fluids only
At 4:00pm take 10oz bottle of Citromag
At 6:00pm take 3 Dulcolax tablets. Drink at least 3 large glasses of water in the evening.
Day of examination: Continue with clear fluids until exam complete
Insulin Diabetics may have light breakfast and take their insulin

Guelph General Hospital

Barium Enema: Prior to exam obtain four (4) 5mg Dulcolax and one (1) box of PICO-SALAX from the pharmacy
Day before the examination: Clear fluids only.
At 8:00am take 4 Dulcolax tablets
At 11:00am take 1 packet of the PICO-SALAX. Drink one glass of water every 4 hours.
At 5:00pm take the second packet of the PICO-SALAX. Continue clear fluids until midnight.
Day of examination: Nothing to eat or drink on morning of examination

Waterloo Regional Health Network @ Midtown @ Queen's Boulevard

Barium Enema: Bowel cleansing agent as recommended by your doctor
Day before the examination: Clear fluids only
Nothing to Eat or drink after midnight until exam is complete.
Medications may be taken with a small amount of water

Important

- Please bring your **Ontario Health Card** and this form to your appointment
- **Patients must be able to consent to the procedure. If language is a barrier, please bring an interpreter.**
- If you are unable to keep your appointment, please give us 24 hours' notice
- We kindly ask that you do not wear or apply fragrances in support of our Fragrance Free policies.